

My name is Sharon Nason and I am a Licensed Clinical Professional Counselor in private practice here in Helena. I currently have two grandchildren in the public schools here in Helena and another one that will enroll in a couple years. I am not an opponent of human sexuality education. In fact I am a proponent of sex education. I believe it is vitally important for children to have age appropriate and medically accurate sex education. However, I have come to realize that there are very different ways of defining age appropriate and medically accurate and some of those definitions do not fit with the one I would want used for my grandchildren. For instance, none of the undergraduate or graduate courses I was required to take in human sexuality provided the level of information some have deemed age appropriate for fifth graders here in the Helena school district, information such as the use of dental dams for the prevention of sexually transmitted infections. Yes, you heard me right, those wonderful contraptions your dentist uses when he's working on your teeth. So according to the current curriculum draft, next year Helena fifth graders will be learning about the use of this membrane to prevent infection during oral-vaginal and oral-anal contact which, of course, also means then that they have to be instructed in those practices in order to understand the purpose of using the dental dams. My grandson will be in the fifth grade next year and I can assure this is not the type of sex education I want him receiving.

The opponents of HB 456 would have you believe it eliminates sex education in the public schools. Nothing could be further from the truth. The Montana accreditation standards for Health Enhancement require sexuality education to be introduced no later than the end of the eighth grade. That means it can be introduced at any time prior to the end of the eighth grade as deemed appropriate by the local school board but no later than the end of the eighth grade. That means then that the local school board still has the responsibility for determining what would be considered age appropriate for my grandchildren using what I would call a one size fits all approach rather than an individualized approach that their parents, the ones that would be most likely to know what would be age appropriate for their children, would use. So in Helena, for instance, our local school board deemed it appropriate to begin human sexuality education in kindergarten. This bill simply requires that parents be notified of any instruction involving human sexual education and that they give written consent for that instruction. That gives control of who determines what is age appropriate back to parents. I've seen some of the SIECUS (Sexuality Information and Education Council of the United States) and Planned Parenthood teachings that are defined by those organizations as medically accurate and age appropriate, ie, the dental dams I mentioned earlier, and it is not what I deem age appropriate for my grandchildren. I believe those decisions belong under the control of their parents.

In conclusion, I would also like to respectfully suggest that HB 456 be amended to include HIV/AIDS prevention as well. I have also come to realize that there are varying opinions on how age appropriate and medically accurate are defined in this area of instruction as well and I